# EXHIBIT C

#### **IBROKER CLIENT ACCOUNT**

MASTER ACCOUNTS 1764640 Sun Hung Kai Investment Services Limited Hong Kong Special Administrative Region of China | IBroker (Non-disclosed Introducing Broker) 2015-09-21 CUSTOMER SUMMARY FOR IAT HONG Good-faith Review: ACCOUNT SUMMARY FOR 9328 9328

#### PENDING/REJECTED INVOICES

Assign to ASG

Account Diagnostic

TMS sticky notes

TMS tickets

No pending/rejected invoices

## ADVISOR INVOICES (LAST 2 MONTHS)

No Invoices for the last 2 months

#### COMMISSION SCHEDULE

Exchange	CURRENCY / Unit	ТүрЕ	MINIMUM	MAXIMUM	MAX UNIT	MAX MARKUP AMOUNT	VALUE	THROUGH	Min as Ticket Charge
STK									
USD stocks	USD Stocks	Absolute Amount	15.0			0.075	0.03 <= 2000 0.025 <= 5000 0.02 OTHERWISE	no	no

Show History

#### INTEREST MARKUPS

CURRENCY	UNIT	DEBIT MARKUP	CREDIT MARKUP SHORT CREDIT MARKUP	SHORT CFD CREDIT SHORT INDEX CFD CREDIT	LONG CFD DEBIT LONG INDEX CFD DEBIT	BORROW FIXED RATE MARKUP	BORROW PIB RATE MARKUP
AUD	%	-	-/-	-/-	-1-	null	null
CAD	%		- / -	-/-	- / -	null	null
CHF	%	· · · · · · · · · · · · · · · · · · ·	-/-	-/-	-/-	null	null
EUR	%		- / -	-/-	-/-	null	null
GBP	%	-	-/-	-/-	-/-	null	null
HKD	%		- / -	-1-	-/-	null	null
JPY	%	•	-/-	-/-	-/-	null	null
USD	%		-/-	-/-	- / -	null	null

#### CURRENT FEES

EXCHANGE	CURRENCY / UNIT	Түре	Мінімим	MAXIMUM	MAX UNIT	MAX MARKUP AMOUNT	VALUE	THROUGH	MIN AS TICKET CHARGE
STK								,	
USD stocks	USD Stocks	Absolute Amount	15.0				0.03 <= 2000 0.025 <= 5000 0.02 OTHERWISE	no	no

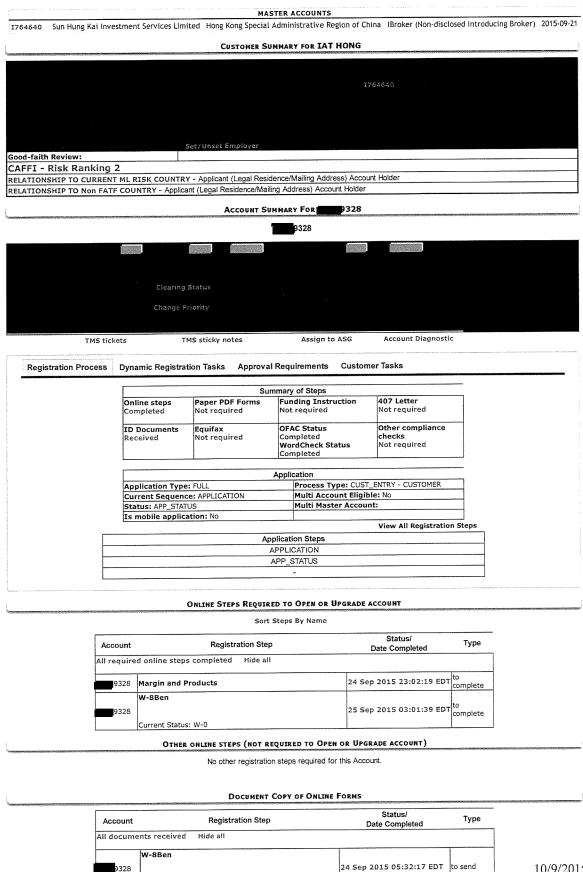
FA WRAP FEE/ACATS REQUESTS

No requests

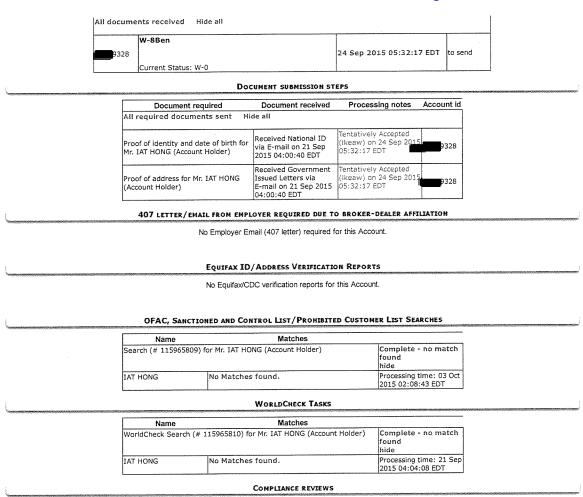
 $https://ibcust101:6443/CAST/DocumentHandling/accountInformation? use. \\ \textbf{Case 1:16-cv-09947-VEC} \quad \textbf{Document 13-3} \quad \textbf{Filed 12/30/16} \quad \textbf{Page 3 of 8} \\$ 

No requests

#### **REGISTRATION STATUS**



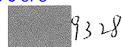
## Case 1:16-cv-09947-VEC Document 13-3 Filed 12/30/16 Page 5 of 8



No compliance reviews required for this Account

HFCIP COMPLIANCE REVIEWS

No compliance reviews required for this Account.



Form W-8BEN

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

OMB No. 1545-1621

(Rev. February 2014)

► For use by individuals. Entities must use Form W-8BEN-E.

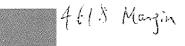
Departme Internal F	ent of the Treasury Revenue Service	► Information about Form W-65EN  ► Give this form to the wi	ithholding agent or payor. Do no	t send to the IRS.	
Do NO	T use this form	<u>I</u>			Instead, use Form:
	ırə NOT an indivi				W-8BEN-E
		or other U.S. person, including a residen	t alien individual		W-9
• Vou :	ure a beneficial o	wner claiming that income is effectively o	onnected with the conduct of	trade or business within	the U.S.
lothe	r than personal s	ervices)			, , , , , , , , , , , , , , , , , , , ,
• You a	ire a beneficial o	wner who is receiving compensation for p	personal services performed in	the United States	8233 or W-4
	son acting as an				W-8IMY
		cation of Beneficial Owner (see	instructions)		
Part	Name of individu	ual who is the beneficial owner	The state of the s	2 Country of citizen	ship
•	ileail	IAT			RIACALI
3	Permanent resid	dence address (street, apt. or suite no., o	r rural route). Do not use a P.	O. box or in-care-of ad	dress.
FTD	AND DE SET	F TANGUES JARDINS DE LIS	ROA (EDE VISIA LINI	<u>14) 12-460AK-(</u>	I MIPA WACAYU
1,4-21-5-5	City or town, sta	ate or province. Include postal code when	re appropriate.	GU	untry
				MACAU	MAEAU
4	Mailing address	(if different from above)			
				Co	untry
	City or town, sta	ate or province. Include postal code whe	re appropriate.		·····
	LLC townsierie	fentification number (SSN or ITIN), if requ	ired (see instructions)	6 Foreign tax identi	fying number (see instructions)
5	U.S. taxpayer ic	remineation number (5514 or 1114); is requ	1100 (000 1101100000)		
	D-former missi	per(s) (see instructions)	8 Date of birth (MM-DD-	YYYY) (see instructions)	
7	30 261	0		1990	
Pal	Claim o	of Tax Treaty Benefits (for chap	ter 3 purposes only) (see	instructions)	
9	I certify that the		MACAU	within the mea	ning of the income tax treaty
	hatwaan the Lin	sited States and that country.			
10	Special rates a	and conditions (if applicable - see instru	ctions): The beneficial owner is	s claiming the provisions	s of Article
	of the treaty ide	ntified on line 9 above to claim a	% rate of withi	nolding on (specify type	of income):
		**************************************	and the factor and all for	*****	· · · · · · · · · · · · · · · · · · · ·
	Explain the reas	sons the beneficial owner meets the term	s of the freaty afficie.		and the first the first the set of the first for the first time and the set of the first time and time and the first tincomes and the first time and the first time and the first time a
		医乳头子宫 建苯酚 医乳腺性溶液 化水水 有实有人有效的 医生物性 医环境 医皮肤 医皮肤皮肤 医皮肤皮肤 化化物物	***************************************	*************	
Part	III Certific	ation			
Linciar O	anation of period	I declare that I have examined the information	on this form and to the best of my	knowledge and belief it is	true, correct, and complete. I further
certify u	nder penalties of p	erjury that:			
		I that is the beneficial owner (or am authorized	to sign for the individual that is th	e beneficial owner) of all th	e income to which this form relates or
•	am the individual am using this form	n to document myself as an individual that is a	n owner or account holder of a for	eign financial institution,	
		d on line 1 of this form is not a U.S. person,			
	The income to wh	sich this form relates is:			
	(a) not effectively	connected with the conduct of a trade or busi	ness in the United States,		
	(b) effectively con	nected but is not subject to tax under an appli	cable income tax treaty, or		
		hare of a partnership's effectively connected in			
*	the United States	d on line 1 of this form is a resident of the trea and that country, and			ng of the income tax treaty between
*	For broker transa	ctions or barter exchanges, the beneficial own	er is an exempt foreign person as	defined in the instructions.	
	any withholding a	thorize this form to be provided to any withhol- gent that can disburse or make payments of ti on made on this form becomes incorrect.	ding agent that has control, receip he income of which I am the benef	it, or custody of the income licial owner. I agree that I v	of which I am the beneficial owner or will submit a new form within 30 days
	any continuation	by	)		
ا سان	uoro A	The same of the sa	id		09-15-2015
Sign I	nere <b>,</b>	Signature of beneficial owner (or individ	ual authorized to sign for beneficia	( owner)	Date (MM-DD-YYYY)
1	1.	to also INT	, and the second		
	Prin	ICINAL I IT I		Capacity in which acting (if	form is not signed by beneficial owner)

Print name of signer



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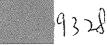
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## 新鴻基投資服務有限公司-澳門分行 Sun Hung Kai Investment Services Limited - Macau Branch

I hereby certify that this is a true copy of the original document which I have seen and that I have met the Individual and can confirm that photograph is a true likeness.

Name of Certifier	MAK HEL AUGH
Job Title	SIC
Date	15/9/2015
Signature	CAUR

特别行政協政府 Governo da Região dministrativa Especial de Macau



1183804

2015年度現金分享計劃

Plano de Comparticipação Pecuniária no Desenvolvimento Económico do Ano 2015



	姓名 熊 Nome 出	EI ONG IAT	
	地址 Endereço	港門氹仔七潭公路葡京花匯(美景臺)15-	£
ESTRADA DE JARDINS DE 12-ANDAR-1	LISBOA	TANGUES (POF. VISTA LINDA)	

## 注意事項

- 本支票為數線支票,不可即時兑換現金,請將支票存入抬頭人的銀行每戶。
- 二、受益人年齡未滿十八歲,支票抬頭將敵明其本人及其父母姓名,支票可存入任一抬頭人的銀行級戶
- 三、如有任何宣詢,请观路設於民政終署綜合服務中心之現金分享發放舊助中心(地址:澳門爾灣大馬路即4發中華獎理 楼,耕公時間:星期一至五上午九時至下午六時、公眾假期休息》、致電 (853) 2822 5000 / 青真至 (953) 2822 3000 夏 器單現金分享計劃網頁www.planocp.gov.mo ·
- 四、如需更新通訊地址。請親臨身份證明局(地址:漢門兩灣大馬路804號中華廣場,辦公時間:算期一至五上年九藝至天 午六時),或透過身份證明局網頁www.dsi.gov.me更改資料,

Observações

1. O presente cheque é cruzado e não pode ser levantado em numerário, devendo ser depositado na conta bancaria do fitular. 2. Ao beneficiário com idade inferior a 18 anos, o cheque é passado à ordem do proprio beneficiário e dos seus pais, podendo

ser depositado na conta bancária de qualquer um delos

HONG IAT

3. Para máis informações, é favor deslocar-se ao Centro de Apoio ao Pagamenta da Comparticipação Pecuniana, instalado no Centro de Serviços do Instituto para os Assuntos Civicos e Municipais (sito na Avenida da Praia Grande, n.º 804, Edifício China Plaza "2.2 andar, herário de atendimento: 2.º a 6.º fena (excepto aos fenados), das 09 00 as 18 00, telefonar para (853) 2822 5000 (mandar fax para (853) 2822 5000) mandar fax para (853) 2822 5000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) as 18 00 (mandar fax para (853) 2822 5000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) as 18 00 (mandar fax para (853) 2822 5000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) as 18 00 (853) 2822 5000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) as 18 00 (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) as 18 00 (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) as 18 00 (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o website do Plano de Companicipação Pecuniaria no para (853) 2822 3000 ou visitar o Desenvolvimento Económico www.planocp.gov.mo.

4. Para actualização do endereço de correspondência, é favor deslocar-se à Direcção dos Serviços de Identificação (sita na Avenida da Praia Grande, n.º 804, Edificio "China Plaza", horário de atendimento: 2 \* a 6 \* feira, das 09 00 às 19 00), ou alterar os respectivos dados através do sitio da internet www.dsi.gov.mo

## 2015年度現金分享計劃支票

Cheque do Plano de Comparticipação Pecuniária no Desenvolvimento Económico do Ano 2015

支票独码 15-309355-3 Cheque N.º MOP 9,000.00

₹ Ph Macau

2015/08/26

澳門特別行政區政府 Governo da Região Administrativa Especial de Macau

116 新鸿基投資服務有限公司-澳門分 Sun Hung Kai Investment Services Limited - Macau Branch

憑此支票折付 Paque por este Cheque a

I hereby certify that this is a true copy of the original document which I have seen and that I have met the Individual and can confirm that photograph is a true likeness.

澳門幣玖仟圓正 **NOVE MIL PATACAS** 

Name of Certifier MAK: HOI NING Job Title Date Signature

中國銀行戶口號與 BOC Conta Nº

01-01-20-813088 財政局 D. S. F.

签名 Assinature